

CONTRA COSTA HEALTH SERVICES
CONTRA COSTA REGIONAL MEDICAL CENTER
CONTRA COSTA HEALTH CENTERS

PRE-OPERATIVE HISTORY AND PHYSICAL

1-7-10
Draft #4

TO BE FILLED OUT IN SURGERY CLINIC

PATIENT SECTION

Have you had a problem with: (Circle One)

Anemia or Bleeding	Y	N
Arthritis	Y	N
Back Problems	Y	N
Bladder or Kidney	Y	N
Diabetes	Y	N
Fainting Spells / Seizures	Y	N
Heart Problems / Rheumatic Fever	Y	N
Heart murmur	Y	N
Angina or Chest Pain	Y	N
Palpitation or Pounding Heart	Y	N
Shortness of Breath	Y	N
Hepatitis or Liver Disease	Y	N
Hives	Y	N
High Blood Pressure	Y	N
Stroke	Y	N
Lung Problems	Y	N
Asthma	Y	N
Chronic Cough	Y	N
Emphysema	Y	N
Tuberculosis	Y	N
Stomach pain or ulcer	Y	N

Do you have: ☐ Loose teeth ☐ Bridgework ☐ Dentures ☐ Contact Lens

☐ Hearing Aid ☐ Prosthetic Device Other _____

Have you ever had a blood transfusion? ☐ No ☐ Yes: When _____

Why? _____

FAMILY MEDICAL HISTORY— PLEASE LIST FAMILY MEMBER AND TYPE OF PROBLEM, IF THERE IS A FAMILY HISTORY OF:

Complications with anesthesia: _____

Abnormal bleeding: _____

Other medical problems: _____

SOCIAL HISTORY: Emergency contact and phone# _____

Where are you going to stay after surgery? _____

Name of person who will help you after surgery: _____

That person's phone #: _____

Smoked in last year? ☐ No ☐ Yes: How many per day? _____ How long? _____

Do you drink? ☐ No ☐ Yes: How much per day? _____

Do you use street drugs? ☐ No ☐ Yes:

Type: _____ How much? _____

How long? _____ How often? _____

OB History: Number pregnancies _____ Number of children _____

Last menstrual period: _____ Currently pregnant? ☐ No ☐ Yes ☐ Unsure

What sort of birth control do you use? _____

Patient Signature _____

PROVIDER SECTION

Preferred language: _____ ☐ Needs translator

SURGERY _____ SURGEON _____

PROCEDURE RISK CATEGORY (see back): ☐ High ☐ Intermediate ☐ Low

Can the patient walk up a flight of stairs or a hill? ☐ No ☐ Yes (METs [see back] <4 consider High-Risk clinic)

Does the patient have coagulopathy or is on coumadin? ☐ No ☐ Yes

Does the patient have a cardiac stent (see back)? ☐ No ☐ Yes: Date placed: _____ ☐ Bare Metal ☐ DES

Does the patient have the ability to sleep flat? ☐ Yes ☐ No: # of Pillows: _____

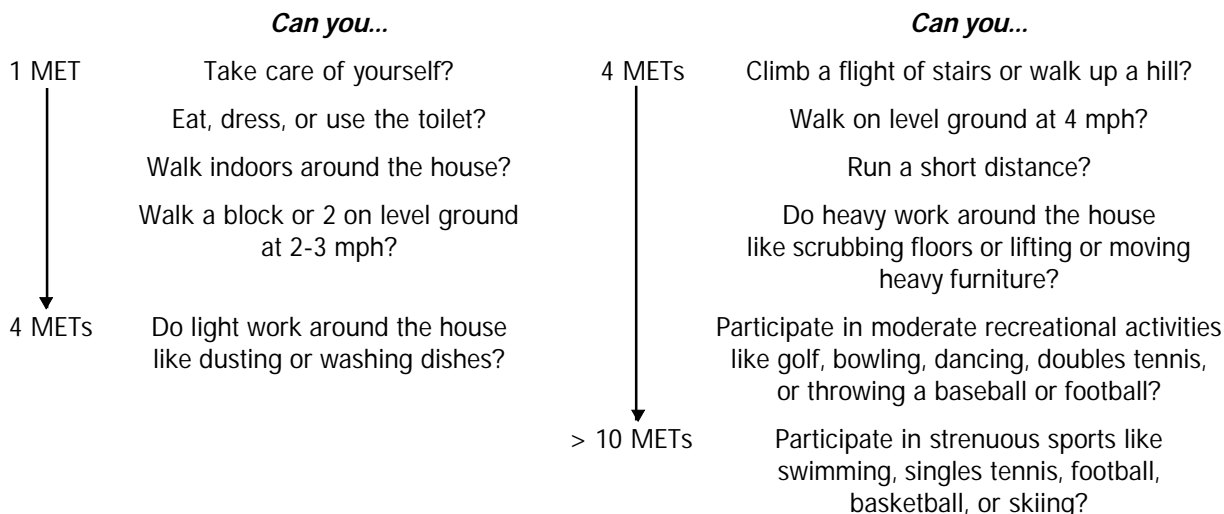
MEDICATION REACTIONS OR ALLERGIES Latex Allergy: ☐ No ☐ Yes Tape Allergy: ☐ No ☐ Yes

Medication _____	Medication _____	Medication _____
Reaction _____	Reaction _____	Reaction _____

OTHER REACTIONS TO MEDS _____

ESTIMATED ENERGY REQUIREMENTS FOR VARIOUS ACTIVITIES

MET= metabolic equivalent



ACC/AHA 2007 Perioperative Guidelines

ACC/AHA GUIDELINE SUMMARY:

CARDIAC RISK STRATIFICATION FOR NONCARDIAC SURGICAL PROCEDURES

High Risk (reported risk of cardiac death or nonfatal myocardial infarction [MI] often)

- Aortic and other major vascular surgery
- Peripheral arterial surgery

Intermediate Risk (reported risk of cardiac death or nonfatal MI generally 1-5%)

- Carotid endarterectomy
- Head and neck surgery
- Intraperitoneal and intrathoracic surgery (includes laparoscopic hernia repair or cholecystectomy)
- Prostate surgery

Low Risk (reported risk of cardiac death or nonfatal MI generally less than 1%)

- Ambulatory surgery
- Endoscopic procedures
- Superficial procedure
- Cataract surgery
- Breast surgery

CARDIAC STENT/ANTI-PLATELET REGIMENS

Bare Metal Stents: Patients are recommended to stay on both Aspirin and Plavix for a *minimum of 6 weeks* post-stenting. STOPPING these medications within this window is NOT recommended for elective surgery (stent thrombosis>>bleeding risk). Six to 12 weeks post-stenting is considered an optimal window for elective surgery.

Drug-Eluting Stents: Patients are recommended to stay on both Aspirin and Plavix for a *minimum of 12 months* post-stenting. STOPPING these medications within this window is NOT recommended for elective surgery (stent thrombosis>>bleeding risk). After 12 months is considered optimal timing for elective surgery.

Request operative report if unsure of stent type.

From: *Circulation* 2007;116:1971-1996

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SURGICAL HIGH RISK ASSESSMENT QUESTIONNAIRE

1. Diabetes ☐ None ☐ Diet control ☐ Med depend.
2. Dyspnea ☐ None ☐ Moderate ☐ Severe
3. Cirrhosis ☐ No ☐ Yes
4. CHF exacerbation w/i last 30 days ☐ No ☐ Yes
5. Recent MI or unstable angina ☐ No ☐ Yes
6. Peripheral vascular disease ☐ No ☐ Yes
7. Impaired sensorium ☐ No ☐ Yes
8. Stroke or paralysis ☐ No ☐ Yes

List deficit: _____

9. Active cancer diagnosis ☐ No ☐ Yes
10. Open wound, current infection ☐ No ☐ Yes
11. >10% weight loss in last 6 months ☐ No ☐ Yes
12. Known OSA, on treatment ☐ No ☐ Yes

SLEEP APNEA SCREEN One "Yes" = Positive Screen

Does the patient experience daytime somnolence after sleeping all night? ☐ No ☐ Yes

Does the patient stop breathing several times while sleeping? ☐ No ☐ Yes

Does the patient wake up choking or gasping during the night? ☐ No ☐ Yes

ELABORATE ON ANY POSITIVE FINDINGS IN THE SURGICAL RISK ASSESSMENT QUESTIONNAIRE, IF NECESSARY.

HPI _____

PAST MEDICAL HISTORY _____

PAST SURGERIES AND INJURIES _____

ANESTHETIC COMPLICATIONS _____

PHYSICAL EXAM

Height _____ Weight _____ BMI _____

BP _____ P _____ RR _____ T _____

HEENT _____

NECK _____

HEART _____

BREASTS ☐ Deferred _____

LUNGS _____

ABDOMINAL _____

PELVIC, G/U ☐ Deferred _____

RECTAL ☐ Deferred _____

EXTREMITIES _____

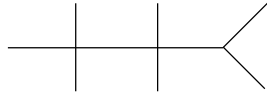
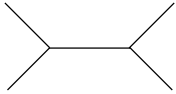
NEUROLOGICAL _____

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MEDICATIONS ☐ See Medication List & Perioperative Patient Instructions

LABS, EKG, AND ADDITIONAL DETAILS (Including pending studies. Must be done 14 days prior to surgery.)



IMPRESSION (Dictate H&P if complicated or patient is being admitted)

CODE STATUS: ☐ Full Code ☐ DNR / DNI _____

ORDERS

☐ Chart Check to _____ on _____ to check lab results.

PATIENT STABILITY FOR SURGERY. PROVIDER MUST CHECK ONE:

☐ **ASA CLASS I** (Normally healthy) Patient is medically stable for the surgery, proceed as planned.

☐ **ASA CLASS II** (Systemic disease) If checked, OK to proceed to surgery.

☒ Initiate OSA protocol in PACU if Sleep Apnea Screen is positive or known OSA.

☐ **ASA CLASS III** (Systemic disease, stability unknown)

If medical stability is unclear, call anesthesiologist on-call at 370-5340.

☐ Patient is **not** medically stable for surgery

☐ Refer patient to High-Risk Pre-Op clinic

☐ Other plan: _____

☐ Cancel surgery:

Call 370-5645 or 370-5340 to cancel surgery

Call operating surgeon

DATE

PROVIDER SIGNATURE & PRINTED NAME TITLE